



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

#1511
85
12/11/03

In re the Application of

Marian A. DEVONEC

Group Art Unit: 3763

Application No.: 09/826,207

Examiner: C. Rodriguez

Filed: April 5, 2001

Docket No.: 039179.01

For: THERAPEUTIC DEVICE FOR THE SELECTIVE CYTOREDUCTION
TREATMENT OF AN OBSTRUCTION IN A NATURAL LUMEN OR
PASSAGE OF THE HUMAN OR ANIMAL BODY

FIRST SUPPLEMENTAL AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
DEC 12 2003
TECHNOLOGY CENTER R3700

Sir:

In reply to the November 19, 2003 Notice of Non-Compliant Amendment, please
consider the following:

Amendments to the Claims as reflected in the listing of claims; and

Remarks.

12/11/2003 MREKOMEH 00000089 09826207

01 FC:1201
02 FC:1202

86.00 OP
36.00 OP



PATENT APPLICATION

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Attorney Docket No.: 039179.01

AMENDMENT TRANSMITTAL

In re the Application of

Marian A. DEVONEC

Group Art Unit: 3763

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Entitlement to small entity status is hereby asserted.
☐ Small entity status of this application has been established.

The filing fee has been calculated as shown below:

(Column 1)		(Column 2)	(Column 3)	SMALL ENTITY.		OR	OTHER THAN A SMALL ENTITY	
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADD'L FEE		RATE	ADD'L FEE
TOTAL CLAIMS	*110 MINUS	**108	= 2	x 9	\$	OR	x 18	\$ 36.00
INDEP CLAIMS	*11 MINUS	***10	= 1	x 43	\$		x 86	\$ 86.00
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				+ 145	\$		+ 290	\$
					\$	OR		\$ 122.00

- * If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" in this space (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior Amendment or the number of claims originally filed.

- ☒ Check No. 149064 in the amount of \$122.00 is attached. The Commissioner is hereby authorized to charge any other fees that may be required to complete this filing, or to credit any overpayment, to Deposit Account No. 15-0461. Two duplicate copies of this sheet are attached.

Respectfully submitted,

William P. Berridge
Registration No. 30,024

Melanie L. Mealy
Registration No. 40,085

WPB:MLM/jam

Date: December 9, 2003